

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

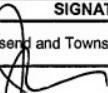
Total Number of Pages in This Submission

| | |
|------------------------|--------------------|
| Application Number | 10/613,654 |
| Filing Date | July 3, 2003 |
| First Named Inventor | Keren, Gad |
| Art Unit | 3763 |
| Examiner Name | DESANTO, MATTHEW F |
| Attorney Docket Number | 022352-000310US |

ENCLOSURES (Check all that apply)

| | | |
|---|---|--|
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board |
| <input type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> of Appeals and Interferences |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a | <input type="checkbox"/> Appeal Communication to TC |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Provisional Application | <input type="checkbox"/> (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> Extension of Time Request | <input checked="" type="checkbox"/> Power of Attorney, Revocation | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Request for Refund | <input type="checkbox"/> Schedule A |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application | <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> Statement Under CFR 3.73(B0) |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Landscape Table on CD | |
| | Remarks | The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|---|----------|--------|
| Firm Name | Townsend and Townsend and Crew LLP | | |
| Signature |  | | |
| Printed name | James M. Heslin | | |
| Date | August <u>16</u> , 2006 | Reg. No. | 29,541 |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being filed via EFS-Web with the United States Patent and Trademark Office on the date shown below.

| | |
|-----------------------|---|
| Signature |  |
| Typed or printed name | Tiffany Wu |
| Date | August <u>21</u> , 2006 |

**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

| | |
|------------------------|---------------------------|
| Application Number | See Schedule A (attached) |
| Filing Date | See Schedule A (attached) |
| First Named Inventor | See Schedule A (attached) |
| Art Unit | See Schedule A (attached) |
| Examiner Name | See Schedule A (attached) |
| Attorney Docket Number | See Schedule A (attached) |

I hereby revoke all previous powers of attorney given in the above-identified application:

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number:

20350

Please change the correspondence address for the above-identified application to:

The address associated with
Customer Number:

20350

OR

Firm or
Individual Name

Address

Address

City

State

ZIP

Country

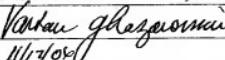
Telephone

Fax

I am the:

- Applicant/Inventor.
 Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-----------|---|-----------|--------------|
| Name | Varjan E. Ghazarossian, Ph.D., President & CEO, FlowMedica Inc. | | |
| Signature |  | | |
| Date | 11/17/01 | Telephone | 510-252-9500 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

*Total of _____ forms are submitted.

Schedule A

| Application Number | Filing Date | First Named Inventor | Art Unit | Examiner Name | Attorney Docket Number |
|--------------------|-------------|----------------------|----------|---------------|------------------------|
| 09/229,390 | 01/11/99 | Keren | 3763 | J. Thissell | 022352-000300 |
| 10/613,654 | 07/03/03 | Keren | 3763 | M. Desanto | 022352-000310 |
| 10/438,176 | 05/13/03 | Keren | 3763 | M. Desanto | 022352-000420 |
| 09/724,691 | 11/28/00 | Kesten | 3763 | R. Maiorino | 022352-000500 |
| 10/636,359 | 08/06/03 | Maquire | 3767 | E. MacNeill | 022352-000610 |
| 10/636,801 | 08/06/03 | Maquire | 3767 | B. Mehta | 022352-000620 |
| | | | | | |

STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: KEREN, GAD et al.Application No./Patent No./Control No.: 10/613,654 Filed/Issue Date: July 3, 2003Entitled: APPARATUS AND METHODS FOR TREATING CONGESTIVE HEART DISEASE

FLOWMEDICA, INC., a Corporation
 (Name of Assignee) (Type of Assignee: corporation, partnership, university, government agency, etc.)

states that it is:

- the assignee of the entire right, title, and interest; or
- an assignee of less than the entire right, title and interest.
 (The extent (by percentage) of its ownership interest is _____ %)

in the patent application/patent identified above by virtue of either:

A. An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or a true copy of the original assignment is attached.

OR

B. A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as follows:

1. From: GAD KEREN, ASCHER SHMULEWITZ To : LIBRA MEDICAL SYSTEMS, INC.
 The document was recorded in the United States Patent and Trademark Office at
 Reel 011151, Frame 0428, or for which a copy thereof is attached.
2. From: LIBRA MEDICAL SYSTEMS, INC. To : FLOWMEDICA, INC.
 The document was recorded in the United States Patent and Trademark Office at
 Reel 013630, Frame 0709, or for which a copy thereof is attached.
3. From: _____ To : _____
 The document was recorded in the United States Patent and Trademark Office at
 Reel _____, Frame _____, or for which a copy thereof is attached.

Additional documents in the chain of title are listed on a supplemental sheet.

As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.


 Signature

James M. Heslin

Printed or Typed Name

Attorney of Record
Title
August , 2006

Date

(650) (650) 326-2400

Telephone Number